

WEST ESPA MEASUREMENT DISTRICT

\_\_\_\_\_ *Calendar Year*  
**WATER MEASUREMENT ANNUAL REPORT**

For the Water Measurement Reporting for - NON-USE

**ATTENTION:** Year end data must be submitted to the West ESPA Measurement District  
% Idaho Department of Water Resources, 1341 Fillmore St. Suite 200, Twin Falls ID  
83301, on or before January 15<sup>th</sup> of ensuing year.

**NOTE: A separate reporting form must be submitted for each well.**

Name:	_____
Water Right No:	_____
Legal Description:	T_____ R_____ Sec. _____ 1/4 _____ 1/4 _____ 1/4
Site Tag No:	_____
Diversion Name:	_____

**SECTION I Appropriator information**

Name and Address of Water Right Holder

***Current Owner***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Last, First, MI

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

***Original Owner (if sold within last year)***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Last, First, MI

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

***Operator (if leased or operated by someone else)***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Last, First, MI

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

## SECTION II Operation of Well

Was well operated in during year? YES NO (circle one)

If you answered NO above sign below and disregard rest of form

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

If you answered YES above please complete rest of form.

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## SECTION III Well Pump, Rate of Flow and Volume Information

Pump discharge pressure at normal operating conditions: \_\_\_\_\_ PSI (pounds per square inch)

Does this pump open discharge? Yes / No (circle one) Was the pump ever throttled? Yes / No

Measured flow rate \_\_\_\_\_ Units of measurement: gpm, cfs, or other \_\_\_\_\_

Flow rate measured by \_\_\_\_\_ Date of flow rate measurement \_\_\_\_\_

Date enter date of reading if different than below	Hours Pump Was Operated during year	Discharge Pressure
January 1		
January 31		
February 28		
March 31		
April 30		
May 31		
June 30		
July 31		
August 31		
September 30		
October 31		
November 30		
December 31		

Total Clock Hours \_\_\_\_\_ Total Acre-feet \_\_\_\_\_

\* Equations: Acre Feet = **GPM** x Hours ÷ 5431 OR **CFS** x Hours ÷ 12.1

#### SECTION IV Well Information (Optional)

Idaho code measurement statute § 42-701 requires water users to measure water levels in their wells. However, IDWR recognizes that measuring water levels in some wells is very difficult, especially wells with submersible-type pumps installed. If the water level cannot be measured, please give a brief explanation in the comments section. If measured during reporting year please report below:

**Static Water Level:** Ft. \_\_\_\_\_ Date \_\_\_\_\_ Time of day \_\_\_\_\_

Depth to water in the well with the **pump off** and water level stabilized,  
measured from approximate ground level to water surface in the well.

**Dynamic Water Level:** Ft. \_\_\_\_\_ Date \_\_\_\_\_ Time of day \_\_\_\_\_

Depth to water in the well with the **pump operating** at or near full capacity and  
the water level stabilized.

**SECTION IVA For Irrigation Uses;** crop information and method of irrigation for area being served by this pump. If possible list each type of crop and the number of acres grown and number of acres irrigated with each of the irrigation systems methods.

<u>Crop</u>	<u>Acres</u>	<u>How irrigated? (no. of acres each method)</u>	
		<u>Sprinkler (acres)</u>	<u>Surface(acres)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Not Irrigated this year**</b>	<b>**</b> _____		

Total acres \_\_\_\_\_

**\*\* Show the numbers of acres normally irrigated but NOT irrigated for some reason this year.**

**SECTION IVB (Optional) For Non-Irrigation Uses;** describe type of use:

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## SECTION V Modifications made during reporting year and other comments

Please describe in the space below any major modifications made to the pumping plant or piping system which would affect the accuracy of the flow measurements during reporting year. Attach drawings, sketches, photographs, notes or design information if needed.

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## SECTION VI

Comments:

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## SECTION VII Certification

I hereby certify that the above reported information is correct to the best of my knowledge and that I recognize that willful submittal of false or inaccurate data is a violation of law subject to the penalty provisions of Sections 42-311, 42-350 and 42-351, Idaho Code.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
For Office Use Only

Received by _____	Date _____
Reviewed by _____	Date _____
Data Entry by _____	Date _____